	PAIENI	10802287											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
T	OTAL CLAIMS	3	66					RATE	FEE	7	RATE	FEE	
F	DŔ		NUMBER FILED		NUMBER EXTRA		e	ASIC FE	385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	66 minus 20=		- 46			X\$ 9=		OR	X\$18=	8780	
INI	DEPENDENT C	ALAIMS	& minus 3 =		. 5			X43=		OR.	X86=	4300	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* 11	* If the difference in column 1 is less than zero, enter *0" in column 2								-	OR	TOTAL	2028 a	
CLAIMS AS AMENDED - PART II								• • •			OTHER	THAN	
٠		(Column 1)	(Column 2			(Column 3)	· · <u>·</u>	SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENÓMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 66	Minus	* 6	6	=	·	X\$ 9=	1	OR	X\$18=		
AME	Independent	. 8	Minus	1 ***	<u> </u>	= /		X43=	1	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	7	OR	+290=		
	*						L	TOTAL DIT. FEE	1.		TOTAL ADDIT, FEE		
	<u> </u>	(Column 1)		(Colum		(Column 3)				- 		. 1	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	,	(\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	~ 434	=		X43=		ÖR	X86=		
ئبا	FINST PRESE	NIATION OF MIC	JLITPLE DEI	PENDENT	CLAIM		T	145=		OR	+290=	_	
		•					ADE	TOTAL OIT. FEE		OR ,	YOTAL ADDIT: FEE		
	· .	(Column 1)		(Colum	n 2) .	(Column 3)		• .			.•		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z ŀ	Total	•	Minus	**		= .	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-	 	(43=			X86=		
٩ [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								•	OR			
• H	the entry in colum	nn 1 is less than the	e entry in colu	mn 2. write 1	O" in cob	mn 3.	L	145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.* **ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
	•	per Previously Paid			•	• •	found i	n the appr	opriate box	in colu	mn J.		

Application or Docket Number